Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY		OR	OTHER THAN R SMALL ENTITY	
TC	OTAL CLAIMS		29				RA	ΤE	FEE		RATE	FEE
FC	)R		NUMBER	FILED	NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
тс	TAL CHARGEA	ABLE CLAIMS	29 mir	nus 20=	• 9		X\$	9=	81	OR	X\$18=	
INDEPENDENT CLAIMS			<u>3</u> mi	nus 3 =			X40	0=		OR	X80=	1.,
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT		`		+13	<del></del> -		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	TOT		434	OR	TOTAL	11
CLAIMS AS AMENDED - PART II							OTHER THAN					
COLUMN TO SERVICE SERV	(Column 1) (Column 2) (Column							\LL	ENTITY	OR	SMALL	EMTITY
ENT A	D a	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDWENT	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=	2
	Independent				=	X40	)=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							+13			OR	+270=	
								TAL FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT	19100 Y 0	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=	
	Independent	<u> </u> *	Minus	***		=	X40	)=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135	_			070	
										OR	+270= TOTAL	
			ADDIT.	TAL FEE		OR	ADDIT. FEE					
· Alexandra		(Column 3)										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=	
	Independent	*	Minus	***		=	X40	=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			Un	-	_
	f the enter in activ	mn 1 is loss than th	o ontry in only	mn O weite	"O" in	lumn 3	+135	ا		OR	+270=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/00)

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